

## Membership Subscription Calculation 2021/2022 Financial Year

The Membership Subscription Calculation Form must be completed and returned to the South Australian Wine Industry Association each year. All information is treated as **strictly confidential** and is used only for subscription purposes.

## SUBSCRIPTION CALCULATION

Complete sections A, B and C including in the totals all the businesses/entities covered by the membership. Total the amounts at D.

| hectares (Maximum 400) x \$8.57 per hectare   | (A) = \$                               |
|---|--|
| <b>AMOUNT OF TONNES CRUSHED</b> – The total tonnes crushed in South Ausentities/businesses covered by the membership (businesses whose prim crushing to include all tonnes crushed).  | ·                                      |
| tonnes x \$0.73 per tonne   | (B) = \$                               |
| <b>VALUE OF WINE SALES</b> – Value of sales of wine (and other wine-based ponly (including sales of bulk wine), AND the value of sales to unlicensed pales), by the <u>combined</u> entities/businesses covered by the membership | persons (eg cellar door, mail/internet |
| \$ (Maximum \$2,000,000) x \$3.60 per \$1,000   | (C) = \$                               |
| SUBSCRIPTION TOTAL  |  |
|   |  |
| The minimum annual subscription is <b>\$650</b> (\$715 inc GST);  |  |
|   |  |
| The minimum annual subscription is <b>\$650</b> (\$715 inc GST);  | = \$                                   |
| The minimum annual subscription is <b>\$650</b> (\$715 inc GST); the maximum is <b>\$25,961</b> (\$28,557.10 inc GST).  | = \$<br>= \$                           |
| The minimum annual subscription is <b>\$650</b> (\$715 inc GST); the maximum is <b>\$25,961</b> (\$28,557.10 inc GST). Total of (A)+(B)+(C):  |  |

Please complete over the page.....



| ASS  | SOCIATION INCORPORATED          |                 |                |               |
|--|---------------------------------|-----------------|----------------|---------------|
| MEMBERSHIP DETAILS   |                                 |                 |                |               |
| Please specify the main Company/Business Name, that are to benefit from the company's membership       |                                 | ıll other relat | ted entities/i | businesses    |
| Company/Business Name of Membership:   |                                 |                 |                |               |
| Company/Business Address:  |                                 |                 |                |               |
| Name of Main Member Contact:   |                                 |                 |                |               |
| Name of Person Completing Form:  |                                 |                 |                |               |
| Additional Entities/Businesses included in the company's membership: (attach list if needed)           |                                 |                 |                |               |
|  |                                 |                 |                |               |
| INVOICE DETAILS  |                                 |                 |                |               |
|  | Navy for the full year          | □ In a          |                |               |
| I would like to be invoiced:   | Now for the full year           | ∐ in q          | uarterly inst  | aiments       |
| I would like to receive my invoice(s) by:  | Email     My email address is:  |                 |                |               |
|  | Fax My fax number is:           |                 |                |               |
|  | Post My postal address:         |                 |                |               |
|  |                                 |                 |                |               |
|  |                                 |                 |                |               |
| PAYMENT DETAILS  |                                 |                 |                |               |
| Payment of subscriptions can be made by cheque, or credit card can be made by completing the following |                                 |                 |                |               |
| Please debit my credit card with the full amount   | of my annual subscription durin | ng the second   | d week of Au   | ıgust; or     |
| Please debit my credit card with the quarterly an October, January and April.                          | mount of my annual subscriptior | n during the    | second weel    | ks of August, |
| My credit card details are: Mastercard Visa  |                                 |                 |                |               |
| Card No:   | Expiry Date:                    |                 | CVV:           | _(3 digits)   |

Signature:

Name on Card: